MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-d)

CERTIFICATE OF DEATH

05897

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural

(If ontside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, Institution, or street address where death occurred:

Federalsburg - Reliance Road

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war Seaman - U. S. Merchant Marine

3.(a) FULL NAME Kenneth B. Butler

3.(b) Social Security Number 212 - 16 - 7115

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6, 1921

8. AGE:

Years	Months	Days	If less than one day
24	1	3	hrs. min.

9. Birthplace Choptank Maryland (Town, county and state)

10. Usual occupation Seaman

11. Industry or business U.S. Merchant Marine

FATHER

12. Name Bruce E. Butler

13. Birthplace Caroline County, Maryland

MOTHER

14. Maiden name Hattie E. Carroll

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Isabel Fleetwood

Address Seaford, Delaware

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13 1945 (month) (day) (year)

Cemetery or crematory Finchester Cemetery

Location Preston, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. June 12 1945 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1945, at 10:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...

and that I last saw h... alive on ..... 19...

	DURATION
Immediate cause of death	
Due to Shock - due accident	
Fracture of upper & lower Jaws -	Hrs. Dy.
Due to probably internal injuries	Hrs. Dys.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/9/45

Where did injury occur? Nr Federalsburg Caroline Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Highway

Means of injury Fell from Motorcycle Injured at work? no

23. SIGNATURE Lawson O Teagle M. D. or other

Address Denton Date signed 6/10/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-A)

CERTIFICATE OF DEATH

05828

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton (If outside city or town limits, write RURAL and give nearest town) Rural

How long in above place of death? 30 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Lemuel Robert Clough

3. (b) Social Security Number

4. Sex: M.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Annie Clark Clough

6.(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): Mar. 5th 1860

8. AGE: Years: 80 Months: 4 Days: 2 If less than one day: hrs. min.

9. Birthplace: Queen Anne County, Md. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER 12. Name: Noah Clough

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Harriett

MOTHER 15. Birthplace: Maryland

16. Informant: Ethel Stevens

Address: Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 6-11-45 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton, Md.

18. Funeral director: J. Elicil Reamy

Address: Denton, Md.

19. 6-9 1945 (Date rec'd by registrar) M D Gemp Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1945, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1945 to June 8 1945 and that I last saw h[illegible] alive on June 8 1945

Immediate cause of death	DURATION
Due to: Chronic Myocarditis	2 yrs
Due to: Chronic Arteriosclerosis	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jayroe O George M. D. or other

Address: Denton Md. Date signed 6/9/45

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05899

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Near Chestnut Grove

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Chestnut Grove
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Florence E. Gross

3.(b) Social Security Number: 220-03-8420

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Clarence Gross

6.(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): January 15 1906

8. AGE:	Years	Months	Days	If less than one day
	39	4	28	...hrs. ...min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: William Satterfield
13. Birthplace: Caroline County, Maryland

MOTHER
14. Maiden name: Roxie Courtney
15. Birthplace: Sussex County, Delaware

16. Informant: Clarence Gross
Address: Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 16, 1945 (month) (day) (year)

Cemetery or crematory: St. Paul Cemetery

Location: Near Concord, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. June 15 1945 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1945, at 5:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1945, to June 13 1945 and that I last saw h... alive on June 10 1945

	DURATION
Immediate cause of death: Chronic Myocarditis	5 ten months
Due to: Natural Causes	
Due to: —	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: R. L. Draper M. D. or other

Address: Hurlock, Md. Date signed: 6-14-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

05900

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Denton Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mathilda L. Hattersley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	married

6 (b) Name of husband ~~or wife~~: Fred Hattersley
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Sept. 17th 1874

8. AGE: Years	Months	Days	If less than one day
70	9	12	____hrs. ____min.

9. Birthplace: Sweden (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business
FATHER 12. Name: John Peterson
FATHER 13. Birthplace: Sweden
MOTHER 14. Maiden name: not known
MOTHER 15. Birthplace: Sweden
16. Informant: Fred Hattersley
Address: R.D. Denton Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 6-20-45 (month) (day) (year)
Cemetery or crematory: Lewchester Cemetery
Location: Near Preston Md.
18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.
19. 6-18 1945 (Date rec'd by registrar) Jno. D. O'Neill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1945, at 11:30 M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1945, to June 17 1945 and that I last saw h alive on June 17 1945

Immediate cause of death	DURATION
Due to Cerebral Hemorrhage	18 hrs.
Due to Chronic Myocarditis	4 yrs.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Jno. D. O'Neill M. D. or other
Address: Denton
Date signed: 6/18/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33a)

CERTIFICATE OF DEATH

05901

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ella I. Hill

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married.

B.(b) Name of husband or wife: John H. Hill
B.(c) If alive, give age: 71 years
7. Birth date of deceased (mo., day, yr.): April 17, 1869

8. AGE:	Years	Months	Days	If less than one day
	76	2	16	hrs. min.

9. Birthplace: Rome Pa.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business

FATHER
12. Name: Martin B. Moore
13. Birthplace: Pa

MOTHER
14. Maiden name: Jane Lent
15. Birthplace: Pa.

16. Informant: Mrs. Celeste Rouse
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 30, 1945. (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. June 29 1945 (Date rec'd by registrar) L. MacLippin Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: June 28 1945, at 5. P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1945, to June 28 1945 and that I last saw h.. alive on June 27 1945.

	DURATION
Immediate cause of death: Anemia	1 wk.
Due to: Acute Suffocation	
Due to:	
Other conditions: Central Hemorrhage	2 wk.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Crawford M.D.
M. D. or coroner
Address: Greensboro Md. Date signed: June 28 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27)

CERTIFICATE OF DEATH

05902

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newboro infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Herbert Simpson Jones

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rena R. Jones
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): August 20, 1884

8. AGE:

Years	Months	Days	If less than one day
60	9	22	hrs. min.

9. Birthplace: Centreville, Queen Anne, Co., Md.
(Town, county, and state)
10. Usual occupation: Painter
11. Industry or business: Painting
FATHER 12. Name: William Jones
13. Birthplace: Talbot County, Md.
MOTHER 14. Maiden name: Anna Horney
15. Birthplace: Maryland
16. Informant: Rena R. Jones
Address: Ridgely Md
17. Burial, cremation, or removal. Which? Burial Date thereof (month) June (day) 15 (year) 1945
Cemetery or crematory: Ridgely cemetery
Location: Ridgely M.D
18. Funeral director: E J Lane
Address: church Hill M D
19. (Date rec'd by registrar) June 14 1945 J S Davis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1945, at 8:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1938, to June 12 1945
and that I last saw h.. alive on June 12 1945

	DURATION
Immediate cause of death: Mitral stenosis	
and regurgitation	
Due to: c Hypertrophy and dil	4 yrs
Due to: acute rheumatic fever	4 years
Other conditions: Hemothorax rt	10-2-42
Prostatic hypertrophy	1939

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J S Davis M.D.
M. D. or other
Address: Ridgely Md Date signed: 6-14-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

★ 15903

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Denton Road

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. Denton Road
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Mary Viola Magee

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23, 1945

8. AGE:	Years	Months	Days	If less than one day
	—	—	21	....hrs. ....min.

9. Birthplace Federalsburg, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Wilmer Magee
13. Birthplace Federalsburg, Maryland

MOTHER
14. Maiden name Mary Agnes Dashiells
15. Birthplace Dorchester County, Maryland

16. Informant Wilmer Magee
Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1945 (month) (day) (year)

Cemetery or crematory Federal Hill Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. June 15 1945 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1945, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1945, to June 14 1945 and that I last saw h.e alive on June 14 1945

Immediate cause of death	DURATION
Bronchopneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ....Date of op. ....

Autopsy results ....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .... Date of ....

Where did injury occur? .... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ....

Means of injury .... Injured at work?

23. SIGNATURE Frank M Anderson M.D.
M. D. or other

Address Federalsburg, Md Date signed 6/15/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

05904

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: West Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Kate Reed

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widow

6.(b) Name of husband or wife: Leonard Reed Dec'd

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 25th 1861

8. AGE:

Years	Months	Days	If less than one day
84	2	18	..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER — 12. Name: John Buckmaster

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name

MOTHER — 15. Birthplace: Maryland

18. Informant: Mrs George Reed

Address: Denton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 6-13-45 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md

18. Funeral director: J. Virgil Harwood & Son

Address: Denton Md

19. 6/13 19 45 (Date rec'd by registrar) Mrs A C Gunge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11th 1945 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to June 11 1945

and that I last saw h alive on June 7th 1945

Immediate cause of death	DURATION
arteriosclerosis	10 years
Due to	
Due to	
Other conditions	

(Includo pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: D Paul Krotts M.D. M. D. or other

Address: Denton Md Date signed 6/13/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05905

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:
County: Caroline
City or town: Denton, Md (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md — County: Caroline
City or town: Denton (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Walter Frey Rutter
3.(b) Social Security Number:

4. Sex: m
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Emma Rudder
6.(c) If alive, give age: 73 years
7. Birth date of deceased (mo., day, yr.): Sept. 30th 1869
8. AGE: Years 75, Months 8, Days 23. If less than one day ... hrs. ... min.
9. Birthplace: Queen Ann. Md. (Town, county, and state)
10. Usual occupation: Office work
11. Industry or business

FATHER
12. Name: John R. Rutter
13. Birthplace: Md

MOTHER
14. Maiden name: Ann Lucas
15. Birthplace: Md

16. Informant: John Rutter
Address: Denton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 6-26-45 (month) (day) (year)
Cemetery or crematory: Denton Ceme
Location: Denton. Md
18. Funeral director: J. Virgil Moore
Address: Denton. Md.

19 6/25 1945 Mrs D O George, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1945, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1945, to June 23 1945, and that I last saw him alive on June 23 1945

	DURATION
Immediate cause of death	
Due to: Cardiac Embolus	3 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Dawson O George, M. D. or other
Address: Denton
Date signed: 6/25/45

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

05906

Reg. Dist. No. 62

VS A15 (4) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (1) MARGIN RESERVED FOR BINDING (M)

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME John Grier Sexton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 29th 1865

8. AGE: Years: 80 | Months: — | Days: 19 | If less than one day: hrs. min.

9. Birthplace: New York City (Town, county, and state)

10. Usual occupation: B. & O. Railroad

11. Industry or business

FATHER 12. Name: Machiel Sexton

13. Birthplace: Ireland

MOTHER 14. Maiden name: Adline Grier

15. Birthplace: Penn.

16. Informant: Mary D. Sexton

Address: Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 6-19-45 (month) (day) (year)

Cemetery or crematory: Holly Grove Cemetery

Location: Near Denton

18. Funeral director: J. Virgil Leonard & Son

Address: Denton, Md.

19. 6-18 1945 (Date rec'd by registrar) Wm. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1945 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 17 1945 to June 17 1945

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Dead on my Arrival	
Due to: Arteriosclerosis	-1-
Due to: Heart Stroke	3 hrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dawson, Dawson & George, M. D. or other

Address: Denton Date signed 6/18/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-C

CERTIFICATE OF DEATH

05907

Reg. Dist. No. 60

1. PLACE OF DEATH:
County: Caroline
City or town: Goldsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years 6 Mos.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Goldsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles E. Thompson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

6.(b) Name of husband or wife: Effa J Thompson
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): July 11, 1876

8. AGE: Years	Months	Days	If less than one day
68			hrs. min.

9. Birthplace: Ingleside Queen Anne Md.
(Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business

FATHER 12. Name: William J Thompson
13. Birthplace: Md.

MOTHER 14. Maiden name: Sarah Nickerson
15. Birthplace: Md.

16. Informant: Mrs. Effa J Thompson.
Address: Goldsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21. 45 (month) (day) (year)
Cemetery or crematory: Burial
Location: Near Bamby Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. June 19 1945 (Date rec'd by registrar) A. Clark Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1945, at 9.20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June, 1945 to June 1945 and that I last saw him alive on June 18 1945

Immediate cause of death	DURATION
Due to: Parkinson's Disease	5 Yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. D. Silver M. D. or other
Address: Goldsboro Md. Date signed: 6-20-45

05908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: W. Lee Wheatley

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Roberta B. Wheatley

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): September 23, 1875

8. AGE:	Years	Months	Days	If less than one day
	69	8	27	...hrs. ...min.

9. Birthplace: Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Canner

11. Industry or business: Tomato Packing

FATHER — 12. Name: Josiah T. Wheatley

FATHER — 13. Birthplace: Dorchester County, Maryland

MOTHER — 14. Maiden name: Ella Brinsfield

MOTHER — 15. Birthplace: Dorchester County, Maryland

16. Informant: Mrs. Roberta B. Wheatley

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 22, 1945 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. X. Frampton and Son

Address: Federalsburg, Maryland

19. June 21st 1945 (Date rec'd by registrar) T. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1945, at 2:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 - 1945, to June 20th 1945 and that I last saw h.s.s.a. alive on June 20th 1945.

Immediate cause of death: Coronary Thrombosis — DURATION: 1 hr.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D. M. D. or other

Address: Federalsburg, Md. Date signed: 6/21/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

05909

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Emma Ann White

3. (b) Social Security Number

4. Sex: F

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Thos. J. White Dec'd

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2nd 1876

8. AGE: Years: 69 | Months: 4 | Days: 4 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: Home work

11. Industry or business

FATHER — 12. Name: Joseph Burk

FATHER — 13. Birthplace: Ireland

MOTHER — 14. Maiden name: Ann McDough

MOTHER — 15. Birthplace: Ireland

16. Informant: Emma Ward

Address: Denton

17. Buried (Burial, cremation, or removal. Which?) Date thereof 6-9-45 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Near Denton

18. Funeral director: Virgil Emerson Pierce

Address: Denton Md.

19. 6-9 1945 (Date rec'd by registrar) Mrs. C. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7th 1945, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1945 to June 6 1945

and that I last saw her alive on June 6 1945

	DURATION
Immediate cause of death: Uremia Nephrosclerosis	6/7/45
Due to: Cardiac Renal Disease	(?)
Due to: Hypertension	
Other conditions: Anemia Chronic	(?)

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Clark H. Towers M.D. M. D. or other

Address: Greensboro Md. Date signed 6-8 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING